

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
5581

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 100 Registered No. 8
(For use of Local Registrar)
St.; Ward)

(2) Full Name of Child Kellie Mae { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 27</u> 19 <u>15</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Ernest Mose

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Abbeville S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE J. Alice Inox

(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Abbeville S.C.

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) A. H. Ashley

(24) State whether Physician or Midwife mid wife

(25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report 191.....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]

(27) Filed Feb 28 1915 (28) [Signature] Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

..... Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FORM NO. 5

WRITE

N. B.—McCaw, of Columbia.

McCaw,